

INTRO.doc
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INTRODUCTION
FOR
NATIONAL CORRECT CODING POLICY MANUAL
FOR PART B MEDICARE CARRIERS

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Introduction

On December 19, 1989, the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239) was enacted. Section 6102 of P.L. 101-239 amended Title XVIII of the Social Security Act (the Act) by adding a new section 1848, Payment for Physicians' Services. This section of the Act provided for replacing the previous reasonable charge mechanism of actual, customary, and prevailing charges with a resource-based relative value scale (RBRVS) fee schedule that began in 1992.

With the implementation of the Medicare Fee Schedule, it was increasingly important to assure that uniform payment policies and procedures were followed by all carriers so that when the same service is rendered in various carrier jurisdictions, it is paid for in the same way. In addition, accurate coding and reporting of services by physicians was a major concern to guarantee proper payment.

Purpose

The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment in Part B claims. The coding policies developed are based on coding conventions defined in the American Medical Association's *CPT manual*, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practice and review of current coding practice.

Correct Coding

Procedures should be reported with the HCPCS/CPT codes that most comprehensively describe the services performed. Unbundling occurs when multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code.

Two types of practices lead to unbundling. The first is unintentional and results from a misunderstanding of coding. The second is intentional and is used by providers to manipulate coding in order to maximize payment.

Correct coding requires reporting a group of procedures with the appropriate comprehensive code. Examples of unbundling are described below:

- Fragmenting one service into component parts and coding each component part as if it were a separate service. For example the correct CPT comprehensive code to use for upper

gastrointestinal endoscopy with biopsy of stomach is CPT code 43239. Separating the service into two component parts, using CPT code 43235 for upper gastrointestinal endoscopy and CPT code 43600 for biopsy of stomach is inappropriate.

- Reporting separate codes for related services when one comprehensive code includes all related services. An example of this type is coding a total abdominal hysterectomy with or without removal of tubes, with or without removal of ovaries (CPT code 58150) plus salpingectomy (CPT code 58700) plus oophorectomy (CPT code 58940) rather than using the comprehensive CPT code 58150 for all three related services.

- Breaking out bilateral procedures when one code is appropriate. For example, bilateral mammography is coded correctly using CPT code 76091 rather than incorrectly submitting CPT code 76090-RT for right mammography and CPT code 76090-LT for left mammography.

- Downcoding a service in order to use an additional code when one higher level, more comprehensive code is appropriate. A laboratory should bill CPT code 80048, (Basic metabolic panel), when coding for a calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium, and urea nitrogen performed as automated multichannel tests. It would be inappropriate to report CPT codes 82310, 82374, 82435, 82565, 82947, 84132, 84295 and/or 84520 in addition to the CPT code 80048 unless one of these laboratory tests was performed at a different time of day to obtain follow-up results, in which case a -91 modifier would be utilized.

- Separating a surgical approach from a major surgical service. For example, a provider should not bill CPT code 49000 for exploratory laparotomy and CPT code 44150 for total abdominal colectomy for the same operation because the exploration of the surgical field is included in the CPT code 44150.

Policy Manual Conditions and Format

The National Correct Coding Policy Manual and edits have been developed for application to services billed by a single provider for a single patient on the same date of service.

It is important to recognize that the National Correct Coding Initiative represents a more comprehensive approach to unifying coding practices than the previous "rebundling" program instituted by CMS, formerly HCFA, in 1992. An understanding of the general policies is necessary to understand the different types of code pair edits that are listed in the Initiative.

The National Correct Coding Policy Manual and Edits were initially based on evaluation of procedures referenced in the 1994 *CPT Manual* and HCPCS Level II codes. An ongoing refinement program has been developed to address annual changes in CPT codes and instructions, either additions, deletions, or modifications of existing codes or instructions. Additionally, ongoing changes will occur based on changes in technology, in standard medical practice and from continuous input from the AMA and various specialty societies.

The National Correct Coding Policy Manual includes a Table of Contents, an Introduction, and 13 narrative chapters. As shown in the Table of Contents, each chapter corresponds to a separate section of the *CPT Manual* except Chapter I which contains general correct coding policies, Chapter XII which addresses HCPCS Level II codes under the Part B Carriers' jurisdiction, and Chapter XIII which summarizes Category III codes. Each chapter is subdivided by subject to allow easier access to a particular code or group of codes.

This policy manual and the edits were developed for the purpose of encouraging consistent and correct coding and of controlling inappropriate payment. The edits and policies do not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination. Further expansion and refinement of the edits is planned for future years.

If you have concerns regarding the content of the edits or this manual, please submit your comments in writing to:

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